

Chapter 6

RESOURCE MANAGEMENT

6.1. Introduction. Resource Management is a key function of health services management. All cost center managers are challenged with maximizing health care capability within a limited level of funding and toward that end, responsibility for resource management is delegated to and incumbent upon each and every manager. Each proposed use of resources must be tested for contribution to the INS health care mission, evaluated against other alternatives, and considered against the total size of the approved operating budget. These decisions are difficult and require the expertise and involvement of all echelons of the Division management structure.

6.2. Contracting for Health Care Services. The DIHS utilizes health care contracts to assist in cost containment for any services that are expected to exceed \$25,000. The Federal Government requires that whenever services are purchased from a single vendor and exceed \$25,000 in a single year, a formal acquisition process, i.e., contract, must be followed. Such procurements will be conducted in accordance with procedures outlined in the DHHS Project Officer Handbook.

6.3. Equipment Procurement Guidelines. Obtaining the necessary equipment to operate a cost center begins with determining the need and then submitting this requirement through the Branch Chief and Resource Management Branch. Although the INS may purchase equipment for the INS medical facilities, it is imperative that recommendations regarding equipment purchases be prudent, essential, and standardized to the furthest extent possible throughout the DIHS. It is imperative that procurement procedures, as outlined below are adhered to. Justification of procurement:

- Furnish a complete item description that includes manufacturer, model number, catalog number, source of supply, GSA contract number, and component parts and their identifying numbers.
- Furnish a complete functional description of the item. Explain exactly what the item does and how the item works.
- Furnish a complete explanation of how the function is currently accomplished. Are you using a similar item or off-site care. If the function is not currently being accomplished, state this and give the reason.
- Furnish specific workload data, both current and projected.
- Furnish quantity, stock number, and current use of all similar items in your cost center.
- Fully document projected savings of time, personnel, and money with the requested item.
- Explain the impact of the requested item on health care delivery at your service processing center facility.
- Furnish estimated installation costs.
- Furnish the number of assigned personnel qualified to use and operate the requested item.
- Identify the maintenance responsibilities.
- Furnish literature on the item.

6.4. Financial Management. All financial management functions will be conducted in accordance with applicable federal regulations, requirements, and laws. These functions include but are not limited to the following:

- XRoutine Financial Management Functions such as budget development and tracking of actual utilization of division resources
- XProcurement of necessary goods and services for the division to meet its mission
- XProperty Management
- XTravel Management
- XHuman Resource Management

On a routine basis, accomplishment of these functions is delegated to cost center managers in accordance with the DIHS Cost Center Management Manual with guidance and coordination supplied by Resource Management staff.

6.5. Government Vehicle Use. Employees may drive Government vehicles only when on official business. Use of a government-owned, leased, or rented vehicle for non-official purposes can result in suspension for at least 30 days or removal from Federal service. Any employee using a Government vehicle must:

- XHave a valid driver's license.
- XSign the vehicle in and out on the forms maintained in the controlling office. Upon completion of each trip, the forms shall be inserted into the proper folder and returned. Forms shall contain:
 - XDate
 - XTime out
 - XDestination
 - XTime in
 - XMileage out
 - XMileage in
 - XTotal miles
 - XDriver's name

6.6. Procurement to Augment Staff. With the concurrence of DIHS Headquarters, individual contractors may be used to augment the medical facility staff. It is the responsibility of the HSA to identify the need for a contractor to augment the medical facility staff and to designate the period of time the contractor will be required. The HSA will obtain the concurrence of the Officer in Charge (OIC) of the Service Processing Center (SPC) to assure that the individual will be permitted into the SPC. The HSA will also obtain approval from the DIHS Director through their Branch Chief. The procurement will be conducted in accordance with procedures outlined in the Cost Center Management Manual.

6.6.1. Malpractice Insurance. Any contractor who will not be working directly with detainees (i.e., medical record assistant) will not require malpractice insurance. Contractors who will have direct contact with detainees (i.e., physician, nurse, nurse practitioner or physician assistant) will require malpractice

insurance. The HSA should clarify the requirement for malpractice insurance with the contractor.

6.7. Temporary Duty Travel. All staff will be offered an application for a government credit card. This card is required by DHHS regulations to purchase airline tickets. Once issued the card may be used during authorized travel only. Selected DIHS staff will be asked to obtain an official passport. Guidance on issuance of Travel Orders via the Travel Management System (TMS) can be found in the Cost Center Management Manual. All Staff should refer to the Federal Travel Regulations (FTR) for further guidance. See Temporary Duty Travel SOP 6.7.

6.7.1. TDY Travel Authorized. Travel is normally authorized for the following:

- XDomestic or international medical escort,
- XAttendance at a professional educational or career development activity;
- XTo provide health care services at a DIHS medical facility other than the individual's permanent duty station and,
- XTo make site visits to DIHS medical facilities, INS contracted facilities and other INS sites.

6.7.1.1. Medical Escort TDY Travel. When authorized to travel as a medical escort, the following guidelines apply (see SOP and Section 3.39):

XThe INS is responsible for:

- Making reservations and assuring payment for airline tickets,
- Making lodging arrangements,
- Obtaining international visas and any other necessary travel documents, and
- Obtaining appropriate authorization to carry necessary medical supplies and/or medications prior to travel.

XThe DIHS medical escort is responsible for:

- Assuring that all of the above have been done as appropriate,
- Assuring that all arrangements regarding lodging are in place, and
- Submitting a travel voucher through the DIHS to obtain reimbursement for all per diem expenses which may be charged on the medical escort's government credit card.

An official passport is normally required when traveling internationally.

6.8. Travel Vouchers. Vouchers for reimbursement of travel-related expenses must be submitted within five (5) days after completion of the corresponding trip. All travelers are responsible for submitting their own receipts to their TMS preparer. Travel vouchers will be submitted in accordance with the guidance found in the Cost Center Management Manual.

6.9. Cost Center Management Concept. A primary player in the application of effective fiscal management within any organization is the Cost Center Manager (CCM). Cost Center Managers

must exert maximum control over their areas of responsibility to stretch limited funds and manpower resources. Day-to-day awareness by CCM's of the relationship between resources consumed versus productivity is the cornerstone of a sound resource management program.

The key to the CCM concept is flexibility. Funds will be issued by Cost Accounting Numbers (CAN's) within each cost centers. The initial funding allocation will be based on historical and projected workload as determined by biometric and productivity data in coordination between the Resource Management Branch and cost center managers.

Financial management within the Division's management infrastructure will consist of four elements: (1) DIHS Director, (2) Resource Management Branch, (3) Cost Center Managers, and (4) DIHS Executive Council (formally the Governing Body).

- 1) DIHS Director. By virtue of the position, the Director has overall responsibility and accountability for effective financial management, to include, budgeting, allocation, and monitoring, accounting and internal financial controls.
- 2) Resource Management Branch. The chief, Resource Management Branch, serves as the Resource Advisor to the Director and senior staff. The Resource Management Branch, through the Division's Finance Officer serves as the Division's budget office. This functional component will prepare operating budget estimates, represent the Director on funding issues with INS, recommends initial funds distributions to various cost centers, recommend internal reprogramming actions to the executive council, and insure cost center managers are properly trained.
- 3) Cost Center Managers (CCM's). The CCM is the lowest element of the financial management chain yet potentially one of the most important. CCM's ensures effective utilization of resources at the Service Processing Center level in coordination with the Resource Management Branch. Budget development, programming, analysis and preparation start at this level, and are key to the presentation of an accurate organizational budget.
- 4) DIHS Executive Council. Formally called the Governing Body, this group consists of the Division senior leadership. The Council approves the operating budget and any subsequent revisions, establishes priorities for program acquisitions and maintenance, and approves all internal fiscal reprogramming actions.